

03-10-00

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

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Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

**Express Mail Label No.**EL267143117US**Date:** March 9, 2000jc511 U.S. PRO  
09/521588

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**CALIBRATION OF COLOR REPRODUCTION  
APPARATUS**

**First Named Inventor (or Application Identifier):**

David J. Statt

**Enclosed are:**

1.  Specification      6.  Assignment of the invention to Eastman Kodak Company  
 2.  2 Sheet(s) of drawing(s)      7.  Certified copy of a priority  
 3.  Information Disclosure Statement Under 37 CFR 1.97.      8.  document Associate Power of Attorney  
 4. Combined Declaration for Patent Application and Power of Attorney:  
 4a.  New  
 4b.  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)

**5.  Incorporation by Reference (useable if Box 4b is**

checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

**9.  Deletion of Inventor(s).**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10.  If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

**--CROSS REFERENCE TO RELATED APPLICATION**

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11.  Continuation  Divisional  Continuation-in-part (CIP) of prior application No. ,  
 12.  Please address all written communications to Milton S. Sales, Patent Legal Staff,  
 Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
 Please Direct all telephone calls to Milton S. Sales at (716) 253-0127.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 690
TOTAL CLAIMS	12	- 20 =	0	x 18 = \$ 0
INDEPENDENT CLAIMS	2	- 3 =	0	x 78 = \$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 260	\$0
			<b>TOTAL</b>	<b>\$ 690</b>

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 690**.

**A duplicate copy of this sheet is enclosed**

The Assistant Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

**A duplicate copy of this sheet is enclosed.**

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